



12/11/2006

11:40

LSI LOGIC CORP → 915712732885

NO. 300

P003

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

24319

7590

10/11/2006

LSI LOGIC CORPORATION

1621 BARBER LANE

MS: D-106

MILPITAS, CA 95035

12/12/2006 TTRAN2 00000047 122252 10817302

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Mark Salvatore

(Depositor's name)

(Signature)

December 11, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10817.302

04/02/2004

Charles E. Nichols

LSI.89US01 (03-1502)

1857

TITLE OF INVENTION: DATA STORAGE SYSTEM RECOVERY FROM DISK FAILURE DURING SYSTEM OFF-LINE CONDITION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/11/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SCHLIE, PAUL W

2186

711-114000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Cochran Freund & Young, LLC

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LSI Logic Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Milpitas, California, USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-2252 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

11 DEC 06

Typed or printed name Timothy R. Croll

Registration No. 36,771

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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FAX

11:40

LSI LOGIC CORP → 915712732885

NO.300 0001

LSI Logic Corporation
1621 Barber Lane
MS: AD-106, Legal
Milpitas, CA 95035

Date December 11, 2006

Number of pages including cover sheet: 3

To: USPTO/Office of Publications

Phone (571) 272-4200

Fax Phone (571) 273-2885

CC: _____

From: Mark Salvatore

Intellectual Property
Paralegal

Phone (408) 433-7472

Fax Phone (408) 433-7460

REMARKS:

☐ Urgent

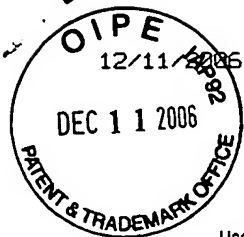
☐ For your review

☒ Reply ASAP

☐ Please comment

Attention: Issue Fee Department

Re: 10/817,302



12/11/2006

11:40

LSI LOGIC CORP → 915712732885

NO.300 0002

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/817,302	
	Filing Date	April 02, 2004	
	First Named Inventor	Nichols, Charles E.	
	Art Unit	2186	
	Examiner Name	Schie, Paul W.	
Total Number of Pages in This Submission	2	Attorney Docket Number	03-1502

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks - Issue Fee Payment	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	LSI Logic Corporation
Signature	
Printed name	Timothy R. Croll
Date	11 DEC 06
Reg. No.	36,771

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Typed or printed name	Mark Salvatore
Date	12-11-06

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